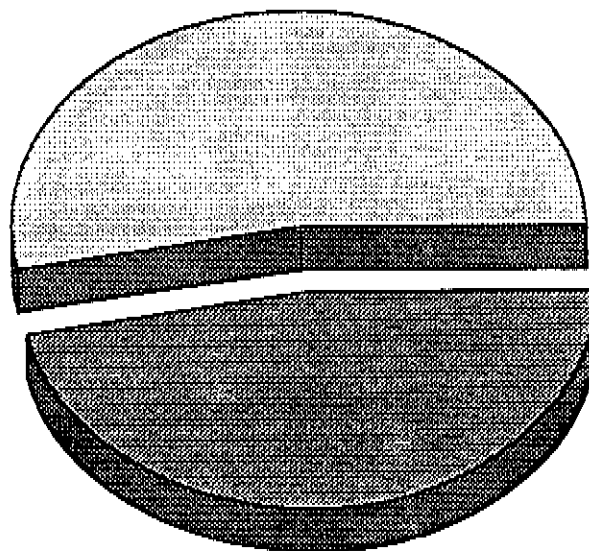


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THE PROBLEM OF SANITATION



People without
 appropriate sanitation in
 developing countries
 1991

Water Supply and Sanitation Collaborative Council
 Working Group on Promotion of Sanitation

15 March 1994



World Health Organization

Foreword

This paper on The Problem of Sanitation is the first product of the Water Supply and Sanitation Collaborative Council Working Group on the Promotion of Sanitation. The paper resulted from three days of brainstorming and discussions at the first meeting of the Working Group in Thun, Switzerland, 1-3 March 1994.

The Working Group agreed that in order to find ways to promote sanitation, one must first understand why sanitation moves forward so slowly. This paper represents the views and consensus of the Working Group during that meeting. Mr. Peter Kolsky of the London School of Hygiene and Tropical Medicine, rapporteur for the meeting, compiled the views of the working group and composed the present paper.

This paper is similar in many ways to the paper Sanitation: The Unmet Challenge presented by Mayling Simpson-Hebert in September 1993, at the Water Supply and Sanitation Collaborative Council Meeting in Rabat, Morocco. The present paper builds upon the Rabat paper and, as it resulted from the consensus of a group of sector experts, may be viewed as a state-of-the-art paper on why sanitation has not moved forward.

Please copy this paper and pass it on to colleagues. Your views and those of your colleagues on this paper and on the issue of sanitation promotion are eagerly sought by the Working Group. We would be happy to receive your comments at the address below.

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15 March 1994

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THE BURDEN OF POOR SANITATION

Every year, 2.5 million children die from diarrhoea that could have been prevented by good sanitation: millions more suffer the nutritional, educational and economic loss through diarrhoeal disease which sanitation can prevent. Poor sanitation has led to the infestation of nearly a billion people, largely children, with a variety of worm infections, with corresponding costs in health and energy. Human excreta are also responsible for the transmission of schistosomiasis, cholera, typhoid, and many other infectious diseases affecting hundreds of millions. Heavy investments have been made in water supply since 1980, but the resulting health benefits have been severely limited by the poor progress in sanitation. Besides this toll of sickness and disease, lack of sanitation is a major environmental threat to water resource systems and a fundamental denial of human dignity.

CHARACTERISTICS OF THE PROBLEM

Like all complex problems, poor sanitation can be analysed on many inter-related levels. At its first meeting, the Collaborative Council Working Group on Sanitation Promotion started a process of identifying problems, barriers, and themes that appeared to operate on three levels.

Level 1. The basic problem: sanitation isn't happening.

Despite years of rhetoric, good intentions, and hard work, we are in fact making little or no progress: at current rates of "sanitation provision", the number of people without sanitation will not change in the next forty years: a staggering 2 billion people. This is astonishing, given the human capacity to solve problems, the fundamental nature of this basic need, and the enormous suffering caused by our failure to meet it. Yet those of us working in sanitation are agreed that, with some notable exceptions, we are either losing ground or barely holding the line.

Level 2, barriers to progress: Why sanitation doesn't happen.

Given the magnitude and importance of the problem, why is there so little progress? The barriers to progress found by the working group were varied and complex, but could generally be grouped into nine linked and overlapping categories.

Lack of political will There is little political incentive for government to deal with a difficult subject; politicians rarely lose their jobs because of poor sanitation, particularly as the people most in need have the least power. Political commitment is needed to create an environment in which demand for sanitation can grow, which in turn can strengthen political will. The issue of political will is thus both a cause and effect of other problems, and a key to successful sanitation promotion.

Low prestige and recognition Low cost sanitation facilities, and hygiene promotion campaigns have never been prestigious; politicians and movie stars don't demonstrate latrines. Among the professionals, the best and the brightest avoid low-cost sanitation as a low-status low-pay career, particularly as it is more difficult and demanding than high-status high-tech engineering or medical approaches. Among consumers, low-cost sanitation has no prestige in comparison with "conventional" water borne sanitation, as used by the industrialized world and by the economic elite of developing countries.

Poor policy at all levels Agencies responsible for creating a supportive environment for sanitation generally have ineffective and counterproductive policies at all levels. These include too much attention to water supply at the expense of sanitation, a focus on short-run outputs (hardware) rather than long term behaviour change, and subsidies that favour middle and high income communities. More fundamentally, there is often no philosophical approach to the problem upon which sound policy can be based.

Poor institutional framework Many players are affected by sanitation, and many more could be involved in

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its promotion. The institutional frameworks in place fragment responsibilities between government departments, neglect the needs of the most vulnerable, and ignore the powerful role that NGOs and the private sector can play. It is clear that governments by themselves have failed to promote sanitation, and that existing institutional frameworks need to change.

Inadequate and poorly used resources Sanitation does not attract a fraction of the resources needed to do the job. It is at least as important for health as water supply, and is a far more demanding problem yet sanitation receives far fewer resources. Increasing resources are required just to maintain the *status quo*, as urbanization and population growth make the hazards of poor sanitation more acute. Where resources are available, far too much goes into hardware, and not enough into mobilisation and hygiene promotion.

Inappropriate approaches Even where sanitation promotion is attempted, the approach taken is often wrong. Attempts are made to find simple universal solutions which fail by ignoring the diversity of needs and contexts. Urban needs often differ from rural needs, the technological options offered are limited and inappropriate, and critical issues of behaviour are ignored or handled badly. The short-term is generally favoured over the long-term, and we fail to learn from collective experience.

Sanitation also fails by being defined and applied too broadly or too narrowly within a specific environment. In some cases, for example, the scope of environmental protection and pollution control becomes so broad that the focus on basic household excreta management is lost. In other cases, a narrow focus on pit latrine installation which ignores local drainage needs could exacerbate disease transmission during floods. Short term disaster relief fails to develop long term sustainable sanitation because the approach doesn't include the transition as a goal. Current approaches also stifle innovation and undermine confidence: we're so afraid of even more failure in this difficult field that we don't take the risks required for success.

Neglect of consumer preferences Too often, we try to sell what people don't want and/or can't afford. Low-cost technologies are often seen by consumers as low-status technologies, while many "appropriate" technologies are far beyond the economic reach of those most in need. Promoters try to sell sanitation facilities on health benefits, where people really want the privacy, comfort, and status which sanitation can offer. Much hygiene promotion is based on messages which ignore existing knowledge, belief, and experience. Very simply, most of us promoting sanitation simply don't listen to what people want or believe.

Ineffective promotion and low public awareness People don't want to talk or think about faeces, so selling the idea of sanitation is difficult. Yet the engineers and doctors frequently responsible for selling sanitation are often unaware of effective promotional techniques, and continue with top-down approaches that alienate "target populations" by denying their voice, desires, and involvement in the process. Those in charge are not trained for this job of promotion. Adoption of social marketing and participatory approaches to sanitation is promising, but this is still in its infancy; we have much to learn.

Women and children last Women are potential agents of change in hygiene education, and children are the most vulnerable victims, but men usually make the decisions about whether to tackle the problem, and how. Many sanitation programmes ignore the disposal of children's faeces, even though these are a major reservoir of disease pathogens. Women often need privacy and security in sanitation more than men, yet are unable to express these needs effectively in many societies. Those with the most at stake thus have the weakest voice.

Level 3, Cross-cutting themes: demand and taboo.

Little effective demand If enough people wanted the available sanitation improvements badly enough, many of the above problems would resolve themselves. These problems are frequently expressed as constraints upon supply; we also need to think about factors which limit economic or political demand. Some people may want sanitation very badly, but are powerless to express that want in financial or political terms; some may want sanitation facilities, but not at the available price; and others may not want the available "improvements" at any price. Where sanitation is poor we need to understand why the effective demand is low, to determine whether it is most amenable to political, financial, technical or informational change.

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Cultural taboos and beliefs In most cultures, excreta are taboo, and viewed as a disgusting and/or dangerous nuisance not to be discussed openly or seriously. Nobody wants to be associated with excreta; even those who actually reduce its offensive characteristics for others are stigmatized by association. Problems can't be solved if people don't want to talk about them, and don't want to be associated with their solution. In many contexts, ancient or more modern technical taboos can block the safe reuse of human waste as a resource. The excreta taboo lies behind many of the barriers to progress.

CONCLUSIONS

The above is not a complete description of the Working Group's initial analysis of the problem of sanitation, but reflects most of the issues raised and indicates their complexity. Although the problems above are grouped into differing categories and levels, they obviously interact to varying degrees in different contexts.

What is to be done? In some cases **solutions exist but are not widely enough known**; in others **further work is required to develop fresh approaches**; in still others **further work is required just to define the problem** more clearly. The Working Group is not in a position to address all such barriers in a comprehensive fashion, but it can and must **identify principles, set priorities, develop strategies, and work toward solutions** of the sanitation problem. The Working Group's Terms of Reference set out the approach to these tasks.

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